

<b>Case Number:</b>	CM15-0035724		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	09/06/2000
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old female, who sustained an industrial injury reported on 9/6/2000. On 12/9/2014, she reported overall doing better following a recent right stellate ganglion block, but worsening, over time, of pain and upper extremity dysfunction. The diagnoses were noted to include bilateral wrist pain, right > left due to ulnar neuropathy; right upper extremity complex regional pain syndrome; possible unresolved carpal tunnel syndrome; sympathetically mediated component of pain refractory to stellate ganglion blocks; and depressive disorder. Treatments to date have included consultations; diagnostic imaging studies; right stellate ganglion block (6/9/14) for complex regional pain syndrome of the right upper extremity, with some improvement; acupuncture treatments - which have aggravated the pain; significantly helpful acupressure and massage therapy treatments (Aug - Sept 2014); and medication management. The work status classification for this injured worker (IW) was not noted. The PR-2's of 6/3/2014 & 8/12/2014 note as needed Klonopin as part of the medication regimen. The Utilization Review, dated 12/31/2014, does not note that Klonopin was requested but does note it as part of the medication regimen. The initial psychological evaluation, dated 10/2/2014, notes both Klonopin and Norco as part of the medication regimen. In the 1/30/2015 Utilization Review, it was stated that the PR-2 of 12/9/2014, stated improvement from pain from as needed Norco, and that the IW was looking forward to a repeat, and authorized, stellate ganglion block having received benefit from previous injection therapy; also that a flat affect was noted; also that it did not note that Klonopin was being taken at the same time as Norco. This PR-2 was not available for my review. Neither were the 1/16/2015 physician re-evaluation notes

for this request of Klonopin. On 1/30/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/16/2015, for Klonopin as needed, per the current regimen. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, benzodiazepines & chronic benzodiazepine usage, was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Klonopin as needed:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** This patient presents with upper extremity pain and dysfunction. The patient underwent a right stellate ganglion block on 06/09/14 with some improvement. The request is for KLONOPIN as needed basis per 12/09/14 report. The work status is not available. MTUS page 24 states regarding Benzodiazepines as "not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." Review of reports does not show how long the patient has been on Klonopin but it was listed as current medication as early as 08/12/14. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS. It is not recommended for a long-term use. In this case, the quantity of the medication dispensed is not documented and the time of use of the medication far exceeds what is recommended by MTUS. The request IS NOT medically necessary.